

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

ARC919970008US2

First Named Inventor

Jon Michael Kleinberg

Original Patent No.

6,112,202

Original Patent Issue Date
(Month/Day/Year)

08/29/2000

Express Mail Label No.

APPLICATION FOR REISSUE OF:

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

(check applicable box)

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☐ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175)
5. Original U.S. Patent
☐ Offer to Surrender Original Patent (37 C.F.R. 1.178)
or
☐ Ribboned Original Patent Grant
☐ Affidavit/Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
- ☒ Written Consent of all Assignees
- ☐ 37 C.F.R. §3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-144 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ Small Entity ☐ Statement filed in prior application
Status still proper and desired
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other:

14. CORRESPONDENCE ADDRESS

- ☐ Customer Number or Bar Code Label, or
☒ Correspondence address below

↑ AFFIX CUSTOMER NO. BAR CODE LABEL ABOVE ↑

Name Timothy M. Farrell
International Business Machine Corporation

Address Route 134 & Kitchawan Road
P.O. Box 218

City Yorktown Heights State New York Zip Code 10598

Country USA Telephone 914-945-2756 Fax 914-945-3281

NAME (Print/Type)

Timothy M. Farrell

Registration No. (Atty/Agent)

37,321

Signature

Timothy M. Farrell

Date

8-Jun-02

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) ARC9 1997 0008 US2		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 57	Total Claims (37 CFR 1.16(j))	(B) 102	***45 =	x \$ _____ =		or	x \$ 18 = 810	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ _____ =			x \$ 84 =	
Basic Fee (37 CFR 1.16(h))						\$ _____	\$ 740	
Total Filing Fee						\$ _____	OR \$ 1550.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee						\$ _____	OR \$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>09-0468</u> in the amount of <u>\$1550.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>09-0468</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p>07/26/2002 SCHAPSON 00000001 090468 10042093</p> <p>01 FC:103</p> <p>02 FC:104</p> </div> <div style="width: 50%; text-align: right;"> <p style="font-size: 1.5em; margin-bottom: 0;">8-Jan-02</p> <p style="margin-bottom: 0;">Date</p> <p style="margin-bottom: 0;">2000.00 CH</p> </div> </div> <div style="text-align: right; margin-top: 20px;"> <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Timothy M. Farrell, Reg. # 37,321</p> <p>Typed or printed name</p> </div>								

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jon Michael Kleinberg

Serial No.: To be assigned

Filed: Herewith

For: Method and System For Identifying Authoritative Information
Resources In An Environment With Content-Based Links
Between Information Resources

Docket No.: ARC919970008US2

Group No.:

Examiner:

US PATENT & TRADEMARK OFFICE

Box Patent Application

P.O. BOX 2327

ARLINGTON, VA 22202

EXPRESS MAIL CERTIFICATE

Express Mail Label Number EV049584775US

Date of Deposit January 8, 2002

I hereby certify that attached paper or fee:

- 1- Return Post Card
- 2- Reissue Patent Application Transmittal
- 3- Reissue Application Fee Transmittal Form
- 4- Copy of Patent Application
- 5- Preliminary Amendment
- 6- Reissue Declaration By Inventor
- 7- Consent of Assignee
- 8- Associate Power of Attorney
- 9- Information Disclosure Statement
- 10- PTO 1449 Form with Reference attached

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and addressed to the US PATENT & TRADEMARK OFFICE, ARLINGTON, VA 22202.

Margaret McCabe

(Name)



Signature

Note: Each paper must have its own certificate and the "Express Mail" label number as a part thereof or attached thereto. When, as here, the certification is presented on a separate sheet, that sheet must (1) be signed and (2) fully identify and be securely attached to the paper or fee it accompanies. Identification should include the serial number and filing date of the application as well as the type of paper being filed, e.g. complete application, specification and drawings, responses to rejection or refusal, notice of appeal, etc. If the serial number of the application is not known, the identification should include at least the name of the inventor(s) and the title of the invention.

Note: The label number need not be placed on each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail". Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.

20040903 16024007